

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

1904  
**2018**Department of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public  
Inspection****A For the 2018 calendar year, or tax year beginning** 1 July , 2018, and ending 30 June , 20 19

<b>B</b> Check if applicable	<b>C</b> Name of organization <b>71</b> <b>Rotary Club of Bailey's Crossroads</b>	<b>D</b> Employer identification number <b>71</b> <b>541184665</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) <b>72</b> <b>P. O. Box 1510</b>	Room/suite
<input type="checkbox"/> Name change	E Telephone number <b>703 931-6356</b>	
<input type="checkbox"/> Initial return	F Group Exemption Number ► <b>72</b> 0573	
<input type="checkbox"/> Final return/terminated	D4	
<input type="checkbox"/> Amended return	G Accounting Method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
<input type="checkbox"/> Application pending	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	

**I** Website: ► **bxrrotary.org**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other **Charitable Giving**

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **164,177**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **71**Check if the organization used Schedule O to respond to any question in this Part I 

SCANNED JAN 29 2020	Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
		2 Program service revenue including government fees and contracts . . . . .	2
3 Membership dues and assessments . . . . .	3		
4 Investment income . . . . .	4		
5a Gross amount from sale of assets other than inventory . . . . .	5a		
b Less: cost or other basis and sales expenses . . . . .	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .			
6 Gaming and fundraising events:	5c		
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a		
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b		
c Less: direct expenses from gaming and fundraising events . . . . .	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .			
7a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less: cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .			
8 Other revenue (describe in Schedule O) . . . . .	7c		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8		
10 Grants and similar amounts paid (list in Schedule O) . . . . .	9		
11 Benefits paid to or for members . . . . .	10		
12 Salaries, other compensation, and employee benefits <b>71</b> . . . . .	11		
13 Professional fees and other payments to independent contractors <b>71</b> . . . . .	12		
14 Occupancy, rent, utilities, and maintenance . . . . .	13		
15 Printing, publications, postage, and shipping . . . . .	14		
16 Other expenses (describe in Schedule O) <b>71</b> . . . . .	15		
17 Total expenses. Add lines 10 through 16	16		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	17		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	18		
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	19		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20		
	21		
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OGDEN, UT			

<b>Part II Balance Sheets</b> (see the instructions for Part II)		Check if the organization used Schedule O to respond to any question in this Part II <input type="checkbox"/>			
		(A) Beginning of year	(B) End of year		
22	Cash, savings, and investments	157,858	22	228,936	
23	Land and buildings		23		
24	Other assets (describe in Schedule O)		24		
25	<b>Total assets</b>		25		
26	<b>Total liabilities</b> (describe in Schedule O)		26		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	157,858	27	228,936	
<b>Part III Statement of Program Service Accomplishments</b> (see the instructions for Part III)		Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>			
What is the organization's primary exempt purpose? Charitable Service		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.					
28	Justice High School Educational Foundation-This program is a resource to assist students				
28	(Grants \$ 11,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	11,000		
29	Bailey's Crossroads Rotary Foundation-This program provides resources for Special Requirements				
29	(Grants \$ 4,350) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,350		
30	Polio Plus Foundation-This program assists in the effort to defeat polio				
30	(Grants \$ 3,000) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,000		
31	Other program services (describe in Schedule O)				
31	(Grants \$ 57,674) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	57,674		
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32	76,024	
<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (list each one even if not compensated—see the instructions for Part IV)		Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
William Strickland-President	10	0	0	0	0
K. Murphy-President Elect	10	0	0	0	0
Amy O'Malley-Vice President	10	0	0	0	0
Sarah M. Flores Shannon-Secretary	10	0	0	0	0
Pauline Rosenstein-Treasurer	10	0	0	0	0
Steven E. Wasko-Past President	10	0	0	0	0
Katherine T. Walter-Community Service Director	10	0	0	0	0
Donna Wellen-Club Service Director	10	0	0	0	0
Max L. Gross-International Service Director	10	0	0	0	0
Karen Elsbury-Vocational Service Director	10	0	0	0	0
Carol L. Kelley-Youth Service Director	10	0	0	0	0

60

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O ? 33

	Yes	No
33	✓	

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions ? 34

34	✓
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? ? 35a

35a	✓
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b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O ? 35b

35b	✓
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c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III ? 35c

35c	✓
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N ? 36

36	✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► ? 37a

37a	
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b Did the organization file Form 1120-POL for this year? ? 37b

37b	✓
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ? 38a

38a	✓
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b If "Yes," complete Schedule L, Part II and enter the total amount involved ? 38b

38b	
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39 Section 501(c)(7) organizations. Enter: ? 39a

39a	
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a Initiation fees and capital contributions included on line 9 ? 39b

39b	
-----	--

b Gross receipts, included on line 9, for public use of club facilities ? 40a

40a	
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ? 40b; section 4912 ► ? 40c; section 4955 ► ? 40d

40b	✓
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b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ? 40e

40e	✓
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c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ? 40f

40f	
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ? 40g

40g	
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ? 40h

40h	
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41 List the states with which a copy of this return is filed ► ? 41

42a The organization's books are in care of ► ? 42a Telephone no. ► ? 42b

42a	
-----	--

Located at ► ? 42c

42c	✓
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b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ? 42d

42d	
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If "Yes," enter the name of the foreign country ► ? 42e

42e	
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

42f	
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c At any time during the calendar year, did the organization maintain an office outside the United States? ? 42g

42g	
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If "Yes," enter the name of the foreign country ► ? 42h

42h	
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ? 43

43	
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and enter the amount of tax-exempt interest received or accrued during the tax year ? 44a

44a	
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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ? 44b

44b	
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ? 44c

44c	
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c Did the organization receive any payments for indoor tanning services during the year? ? 44d

44d	
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ? 44e

44e	
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ? 45a

45a	
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions ? 45b

45b	
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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2019

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## Rotary Club of Bailey's Crossroads

**Employer identification number**

541184665

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
		150,618			150,618
Revenue	1 Gross receipts . . . . .	150,618			150,618
	2 Less. Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	150,618			150,618
Direct Expenses	4 Cash prizes . . . . .	21,000			21,000
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	13,645			13,645
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				34,645
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				115,973

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	[REDACTED]
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers? . . . . .  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . .	13a	%
b An outside facility . . . . .	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE O  
(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Bailey's Crossroads Rotary ClubEmployer identification number  
54-1184665

Page 1, Part1, Line 10, Grants and similar amounts paid

**Service-Community**

Fisher House	500 00	Moose Charities	500 00
Open Arms Home for Children	1000 00	Gift Cards for Seniors	950 00
Police Employers Troop	1000.00	Clifton Lions Club	950 00
Community Service	460 00	toys for the Neighborhood	1365 00
Bailey's Crossroads Vol Fire Dept	2000 00	Books for Christmas	635 21
Literacy Council of No. Virginia	700 00	Gift for Seniors	2000 00
Justice High School	1100 00	Thanksgiving Meals	1791 38
Glasgow Middle School	1100 00	Fairfax County Police	1000 00
Stuff the Wagon	1000 00		
Special Olympics	500 00	Total	\$29,551
Fairfax County Park Foundation	700 00		
K-9 Caring Angels	350 00	Service-International	
Brtepath	1200 00	Disaster Aid USA	1000 00
BSA Troop 150	499 00	Michelo Foundation	3000 00
Wildlife Centre of Virginia	700 00	Shelter Box	1000 00
Wounded Warrior Project	700 00	GMU Foundation	5000 00
Bailey's Host Lions Club	700 00	Kabultec Inc	3000 00
Friends of Fairfax Animal Shelter	2000 00		
Mason District CAC	500 00	Total	\$13,000
Clinic	1000 00		
Food Uniting Neighbors	1000 00		
Books for Kids	500,00		
Langley Residential Support Services	150 00		
Paralyzed Veterans of America	1000 00		

Name of the organization <b>Bailey's Crossroads Rotary Club</b>	Employer identification number <b>54-1184665</b>
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**Service-Vocational**

Career Day	323 00
Teachers Awards	300 00
Poe Middle School	400 00
Justice High School	1000 00
Essay Awards	750 00
<b>Total</b>	<b>\$2,773</b>

**Service-Youth**

Service other	1299 08
RYLA	500 00
Justice High School Teacher Awards	1400 00
Staff Appreciation	520 00
Youth Night	200 00
<b>Total</b>	<b>\$3919 08</b>
	<b>Overall Total \$49,243</b>

**Page 1, Part 1, Line 16 Other Expenses-and page2 Program Services**

Other Expenses	Program Services
Supplies	503 52
P O Box	200 00
Warbler	370 10
Fees	1444 70
Advertisement	367 24
Public Image	544 63
<b>Total</b>	<b>\$23420.19</b>
	<b>\$3430</b>